

ATTACHMENT L-C

FORM C1 - KEY PERSONNEL POSITION DESCRIPTION AND RESUME

(Complete one form for each proposed Key Person. Copies of this form should be used for continuation of work experience; use plain bond paper if additional space is needed otherwise. Start with the present or most recent position and work back. Do not submit work experience prior to 1997. Employer and customer references may be contacted during the proposal evaluation period. The availability of the person referenced, complete mailing address, and complete telephone number shall be verified by the Offeror before submission).

PROPOSED POSITION TITLE: _____

PROPOSED POSITION SALARY: _____

NAME OF PROPOSED KEY PERSON: _____

CURRENT EMPLOYER: _____

DESCRIPTION AND SCOPE OF PROPOSED KEY POSITION:

RATIONALE FOR SELECTING THIS AS A KEY POSITION:

REASONS FOR SELECTING PROPOSED PERSON FOR THIS POSITION:

THE PROPOSED PERSON:

HAS _____ HAS NOT _____ BEEN CONTACTED
IS _____ IS NOT _____ COMMITTED TO THE PROPOSED POSITION
HAS _____ HAS NOT _____ BEEN INCLUDED IN CONCURRENT PROPOSALS
WILL DEVOTE _____% OF TIME TO THIS CONTRACT

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FORM C1 - KEY PERSONNEL POSITION DESCRIPTION AND RESUME (continued)

COLLEGE EDUCATION OF PROPOSED KEY PERSONNEL:

NAME & LOCATION OF INSTITUTION:

YEAR OF DEGREE:

TYPE OF DEGREE & MAJOR:

OTHER SPECIALIZED TRAINING/MEMBERSHIP IN PROFESSIONAL SOCIETIES:

EMPLOYMENT HISTORY (SINCE 1997) STARTING WITH CURRENT POSITION:

EXPLAIN ANY INTERRUPTIONS IN EMPLOYMENT:

DATES EMPLOYED:

TITLE/SALARY:

EMPLOYER & LOCATION:

TYPE OF BUSINESS:

NO. & KIND OF EMPLOYEES SUPERVISED:

EMPLOYER REFERENCE & PHONE NUMBER:

CUSTOMER REFERENCE & PHONE NUMBER:

JOB DESCRIPTION/ACCOMPLISHMENTS:

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FORM C1 - KEY PERSONNEL POSITION DESCRIPTION AND RESUME (continued)

DATES EMPLOYED:

TITLE/SALARY:

EMPLOYER & LOCATION:

TYPE OF BUSINESS:

NO. & KIND OF EMPLOYEES SUPERVISED:

EMPLOYER REFERENCE & PHONE NUMBER:

CUSTOMER REFERENCE & PHONE NUMBER:

JOB DESCRIPTION/ACCOMPLISHMENTS:

DATES EMPLOYED:

TITLE/SALARY:

EMPLOYER & LOCATION:

TYPE OF BUSINESS:

NO. & KIND OF EMPLOYEES SUPERVISED:

EMPLOYER REFERENCE & PHONE NUMBER:

CUSTOMER REFERENCE & PHONE NUMBER:

JOB DESCRIPTION/ACCOMPLISHMENTS:

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TITLE

There are three Job Description/Qualification forms per page. One form is to be completed for each job classification proposed. (**NOTICE**: This applies to all proposed subcontractor classifications as well.)

- **Contractor Job Title** – Enter your company job title if different from the SCA job title.
- **Solicitation Job Title** – Enter the job title identified in this solicitation at Section **J-3A**
- **SCA Wage Determination Job Title/Classification** - Enter the accurate SCA job title/ classification plus the SCA job number from the SCA Wage Determination.

[**NOTE**: Detailed position descriptions are contained in the SCA Directory of Occupations, Fifth Edition. For details see <http://www.dol.gov/esa/regs/compliance/whd/wage/SCADirV5/SCADirectVers5.pdf>

TYPE

Place an **X** in the Box that is applicable to the job title/classification.

- **Exempt** - Those job classifications identified in Title 29 CFR Part 541 dated April 23, 2004, as exempt classifications.
- **Non-exempt** – All job classifications other than those exempt by 29 CFR Part 541.

SALARY / WAGE RANGES:

- **For exempt employees** enter the minimum annual pay rate in the **Annual From** space and the maximum annual pay rate in the corresponding **To** space.
- **For non-exempt employees** enter the minimum hourly pay rate in the **Hourly From** space and the maximum hourly pay rate in the corresponding **To** space.
 - **CAUTION:** The minimum rate can never be lower than the SCA minimum rate.

HEALTH AND WELFARE:

Provide the **exact average hourly cost** of health and welfare for each service employee (See Title 29 CFR Part 4.175(b) for complete details).

NOTICE: The average cost of **SCA health and welfare** for service (nonexempt) employees **shall not include** the cost of vacation pay, holiday pay, liability insurance, state and Federal taxes, professional liability insurance, unemployment or workmen's compensation insurance for computation purposes.

NOTE: The average cost of **SCA health and welfare** must be computed separately for **exempt** employees (those not covered by the SCA) and **non-exempt** employees (those covered by the SCA).

CAUTION: The SCA makes **NO distinction** between full-time, part-time, and temporary "service employees" in regards to the required payment of **health and welfare** including vacation and holiday pay (See Title 29 CFR Part 4.165(a)(2) and 4.176(a)).

DESCRIPTION

Briefly describe the duties performed under the specified job title/classification.

QUALIFICATION REQUIREMENTS

Identify the education and experience requirements for an employee to qualify for the specified job title/classification.

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Form C2 - Job Description/Qualification Form (JD/Q)

[Revised 2008-11-05– NU-Average H&W]

| | |
|-----------------------------------|---|
| TITLE | Contractor Job Title: _____ Solicitation Job Title: _____ SCA Wage Determination Job Title: _____ SCA Directory of Occupations Classification Number _____ |
| TYPE | <input type="checkbox"/> EXEMPT <input type="checkbox"/> NON-EXEMPT |
| SALARY / WAGE RANGE | ANNUAL FROM: _____ TO: _____ [Exempt] HOURLY FROM: _____ TO: _____ [Nonexempt] |
| HEALTH & WELFARE | AVERAGE HOURLY COST OF HEALTH & WELFARE _____ |
| DESCRIPTION | _____ _____ _____ |
| QUALIFICATION REQUIREMENTS | EDUCATION: _____ EXPERIENCE: _____ _____ |

| | |
|-----------------------------------|---|
| TITLE | Contractor Job Title: _____ Solicitation Job Title: _____ SCA Wage Determination Job Title: _____ SCA Directory of Occupations Classification Number _____ |
| TYPE | <input type="checkbox"/> EXEMPT <input type="checkbox"/> NON-EXEMPT |
| SALARY / WAGE RANGE | ANNUAL FROM: _____ TO: _____ [Exempt] HOURLY FROM: _____ TO: _____ [Nonexempt] |
| HEALTH & WELFARE | AVERAGE HOURLY COST OF HEALTH & WELFARE _____ |
| DESCRIPTION | _____ _____ _____ |
| QUALIFICATION REQUIREMENTS | EDUCATION: _____ EXPERIENCE: _____ _____ |

| | |
|-----------------------------------|---|
| TITLE | Contractor Job Title: _____ Solicitation Job Title: _____ SCA Wage Determination Job Title: _____ SCA Directory of Occupations Classification Number _____ |
| TYPE | <input type="checkbox"/> EXEMPT <input type="checkbox"/> NON-EXEMPT |
| SALARY / WAGE RANGE | ANNUAL FROM: _____ TO: _____ [Exempt] HOURLY FROM: _____ TO: _____ [Nonexempt] |
| HEALTH & WELFARE | AVERAGE HOURLY COST OF HEALTH & WELFARE _____ |
| DESCRIPTION | _____ _____ _____ |
| QUALIFICATION REQUIREMENTS | EDUCATION: _____ EXPERIENCE: _____ _____ |

Instructions for Completing Job Description/Qualification Form (JD/Q)

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FORM C3 – PAST PERFORMANCE INTERVIEW / QUESTIONNAIRE

This evaluation should be completed by the Contracting Officer (CO), Contracting Officer's Representative or Contracting Officer's Technical Representative (COR or COTR), Task Monitor (TM), or other person identified in the contract by the appropriate Contracting Officer with monitoring the contractor's compliance with the requirements of the contract.

In compliance with the direction in the FAR, the information contained in this evaluation is not subject to view by anyone other than the designated source selection evaluation personnel.

INSTRUCTIONS, DEFINITIONS, AND RATING GUIDELINES***Instructions***

This evaluation is to be completed as indicated below. For purposes of these evaluations, the term "project" is intended to mean "contract". This package consists of the following:

| Section | Description | Who completes |
|----------------|--|----------------------------|
| Section I | Basic contract information | Contractor being evaluated |
| Section II | Government Evaluator identifying information | Government Evaluator |
| Section III | Contractor Performance Report | Government Evaluator |

For each contract selected, two separate assessments are required; an assessment by the appropriate Contracting Officer (CO) and one by the cognizant COTR.

In addition, the Offeror is responsible for completing Section I and Section II (point-of-contact information for CO and COTR excluding signature) of Form D3 before forwarding the questionnaire to the appropriate CO and COTR for the evaluations required. The Offeror shall request the CO and COTR to complete the remainder of the questionnaire, seal their submittals, and mail them directly to the SEB at the address specified below or send email submittal to vann.jones@nasa.gov.

NASA/George C. Marshall Space Flight Center
 ATTN: PS31/IS60 - Vann Jones
 Intergraph Building 600 Annex
 296 Cochran Road
 Huntsville, AL 35824

Any questions you might have concerning completion of this form should be addressed to the Vann Jones, at 256.961-1625.

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FORM C3 - PAST PERFORMANCE INTERVIEW/QUESTIONNAIRE (Continued)**CONTRACTOR PERFORMANCE REPORT*****Section I - Basic Contract Information****(To be completed by Contractor requesting evaluation.)*

| | | |
|---|-------------|-----------------|
| Contract Number: | | |
| Contract Title: | | |
| Contract Prime Contractor: | | |
| Contract Award Date: | | |
| Contract Completion Date (including options): | | |
| Contract Value (including Options) | | |
| Contract Type: | Competitive | Non-Competitive |
| Description of Work | | |
| # of Union Collective Bargaining Agreements (CBAs) associated with this contract | | |
| # of grievances and arbitration cases the contractor had during the performance of the contract, (identify type and number). | | |
| If there were arbitration cases, did the contractor prevail in the final decision. | | |
| Number of National Labor Relations Board (NLRB) cases filed against the contractor by the employees' collective bargaining representative (union) during the performance of the contract. | | |
| If there were any NLRB cases filed, did the Board rule in favor of the contractor during the performance of the contract. | | |
| Number of strikes and informational pickets associated with this contractor during the performance of the contract. | | |

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FORM C3 - PAST PERFORMANCE INTERVIEW/QUESTIONNAIRE (Continued)**CONTRACTOR PERFORMANCE REPORT*****Section II – Government Evaluator Identifying Information****(To be completed by Contractor or Government person performing the evaluation.)*

| | |
|------------------------------------|--|
| CO Name: | |
| CO Signature: | |
| Phone Number: | |
| Facsimile Phone Number: | |
| E-mail address: | |
| Date: | |
| COTR, COR, TM, or Other Name: | |
| COTR, COR, TM, or Other Signature: | |
| Phone Number: | |
| Facsimile Phone Number: | |
| E-mail address: | |
| Date: | |

CONTRACTOR PERFORMANCE REPORT***Section III – Contractor Performance Report****(To be completed by Contractor or Government person performing the evaluation.)***Definitions and Rating Guidelines**

The Factors/Ratings tables on the next page summarize contractor performance in each of the following rating areas. Each criterion should be assigned a rating, from highest to lowest, of Plus, Excellent, Good, Fair, Poor, or Unsatisfactory. If a particular criterion is not applicable, it should be rated in the far right column as N/A. However, the evaluator is encouraged to provide comments on any rating to further support a particular rating.

The following definitions and instructions should be used as guidance to aid in evaluating the criteria in the Factors/Ratings tables. Please read the definitions and instructions before rating any criteria to be sure that each criterion is graded in the context of the definitions. Also, please ensure that this assessment is consistent with any other assessments that have been done for the same contractor for the same work, such as for payment of fee purposes, exercise of option, other past performance requests, etc.

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FORM C3 - PAST PERFORMANCE INTERVIEW/QUESTIONNAIRE (Continued)

| Technical Performance | Cost Control | Timeliness of Performance | Management Effectiveness |
|---|---|---|---|
| <ul style="list-style-type: none"> - Compliance with contract requirement - Appropriateness of personnel - Technical excellence - Responsive to technical direction - Effective contractor recommended solutions | <ul style="list-style-type: none"> - Within budget (over/under target costs) - Current, accurate, and complete cost reporting and billings - Cost efficiencies | <ul style="list-style-type: none"> - Met interim schedule milestones - End items delivered on time - Contract administrative activities performed timely | <ul style="list-style-type: none"> - Reliable - Pro-active - Reasonable and cooperative - Flexible - Prompt notification of problems - Effective small and small disadvantaged business subcontracting program - Accuracy of reports |

The four headings above relate to the actual ratings defined on the following pages.

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FORM C3 - PAST PERFORMANCE INTERVIEW/QUESTIONNAIRE (Continued)

CONTRACTOR PERFORMANCE REPORT

| Technical Performance | Cost Control | Timeliness of Performance | Management Effectiveness |
|---|--|--|--|
| <i>Excellent Plus</i> | | | |
| The contractor has demonstrated an exceptional performance level in any of the below categories that justifies adding a point to the score. This rating will be used only in those circumstances when contractor performance clearly exceeds the Excellent performance level. | | | |
| <i>Excellent</i> | | | |
| There are no quality problems. | There are no cost issues. | There are no delays. | Responses to inquiries, technical, service, and administrative issues are effective and responsive. |
| <i>Good</i> | | | |
| Nonconformance's or technical issues do not impact achievement of contract requirements. | Cost issues do not impact achievement of contract requirements. | Delays do not impact achievement of contract requirements. | Response to inquiries, technical, service, and administrative issues is usually effective and responsive. |
| <i>Fair</i> | | | |
| Nonconformance's or technical issues require minor Agency resources to ensure achievement of contract requirements. | Cost issues require minor Agency resources to ensure achievement of contract requirements. | Delays require minor Agency resources to ensure achievement of contract requirements. | Response to inquiries, technical, service, and administrative issues is somewhat effective and responsive. |
| <i>Poor</i> | | | |
| Nonconformance's or technical issues require major Agency resources to ensure achievement of contract requirements. | Cost issues require major Agency resources to ensure achievement of contract requirements. | Delays require major Agency resources to ensure achievement of contract requirements. | Response to inquiries, technical, service, and administrative issues is marginally effective and responsive. |
| <i>Unsatisfactory</i> | | | |
| Nonconformance's or technical issues are compromising the achievement of contract requirements, despite use of Agency resources. | Cost issues are compromising performance of contract requirements. | Delays are compromising the achievement of contract requirements, despite the use of Agency resources. | Response to inquiries, technical, service, and administrative issues is not effective and responsive. |

ATTACHMENT L-C
FORM C3 - PAST PERFORMANCE INTERVIEW/QUESTIONNAIRE (Continued)

CONTRACTOR PERFORMANCE REPORT

| Item | FACTORS/RATINGS | Excellent Plus | Excellent | Good | Fair | Poor | Unsatisfactory | N/A |
|---|--|-------------------|-----------|------|------|------|----------------|-----|
| <i>Technical Performance</i> | | | | | | | | |
| 1 | Overall skill level & technical competence of Contractor personnel? | | | | | | | |
| 2 | Ability to identify risk factors and alternatives for alleviating risk. | | | | | | | |
| 3 | Rate the ability of the contractor to consistently provide quality products. | | | | | | | |
| 4 | Ability to identify and solve problems expeditiously | | | | | | | |
| <i>Cost Control</i> | | | | | | | | |
| 5 | Ability to accurately estimate and control contract cost (if the contract experienced an overrun, please amplify on the following page). | | | | | | | |
| 6 | Did the Contractor diligently search for and apply cost efficient practices? | | | | | | | |
| 7 | Reserved | | | | | | | |
| <i>Timeliness of Performance</i> | | | | | | | | |
| 8 | Completion of major tasks or key project milestones on schedule. | | | | | | | |
| 9 | Did the Contractor deliver end items in accordance with the Contract schedule? | | | | | | | |
| 10 | Were the Contractor's reports and documentation submitted timely? | | | | | | | |
| <i>Management Effectiveness</i> | | | | | | | | |
| 11 | Rate the Contractor's effectiveness at directing, controlling and completing of all assigned tasks. | | | | | | | |
| 12 | Was the Contractor able to effectively coordinate, integrate & manage subcontractors? | | | | | | | |
| 13 | Did the Contractor management team show innovation and a proactive approach to problem identification and resolution? | | | | | | | |
| 14 | Was the Contractor effective in interfacing with the Government's staff? | | | | | | | |
| 15 | Was the documentation produced by the Contractor's efforts satisfactory to the users? | | | | | | | |
| 16 | Were Contractor's reports and documentation accurate and complete? | | | | | | | |
| 17 | Ability to recruit and retain specialized, critical and unique personnel and maintain a stable, high quality and well trained workforce. | | | | | | | |

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FORM C3 - PAST PERFORMANCE INTERVIEW/QUESTIONNAIRE (Continued)

| Item | FACTORS/RATINGS | Excellent Plus | Excellent | Good | Fair | Poor | Unsatis. | N/A |
|---------------------------|---|--------------------|-----------|------------------------|------|-----------------------|----------|-----|
| 18 | Responsiveness to changes in technical direction. | | | | | | | |
| 19 | Rate the Contractor's transition or phase-in effectiveness. | | | | | | | |
| 20 | Rate your satisfaction with the contractor's security performance and security policies. | | | | | | | |
| 21 | If the contractor made use of an automated electronic tasking system, how effective and efficient was that system? | | | | | | | |
| 22 | Please rate the contractor's efforts to retain a stable set of key management personnel. | | | | | | | |
| 23 | Commitment to Safety as indicated by the content and implementation of the Contractor's safety program including the basic plan as well as any special safety related initiatives | | | | | | | |
| 24 | Degree to which the program manager was given the authority to make the decisions necessary to support specific task requirements that might involve additional cost considerations (i.e., subcontracting for special skills, approving unique travel and training requests)? | | | | | | | |
| 25 | To what extent did the Contractor display initiative in meeting requirements? | | | | | | | |
| Overall Evaluation | | | | | | | | |
| 26 | How would you rate the Contractor's <i>overall management performance</i> on this contract? | | | | | | | |
| 27 | How would you rate the Contractor's <i>overall technical performance</i> on this contract? | | | | | | | |
| 28 | Would you use this Contractor again? (If "No", please comment in the Narrative Summary) | Yes | | | | No | | |
| 29 | Averaged (3 year) referenced contract or project LTC and latest available Department of Labor LTC national average for the applicable NAICS. | LTC Value _____ | | DOL Avg value _____ | | NAICS number _____ | | |

ATTACHMENT L-C
FORM C3 - PAST PERFORMANCE INTERVIEW/QUESTIONNAIRE (Continued)
CONTRACTOR PERFORMANCE REPORT

Section III (Cont'd)

NARRATIVE SUMMARY (Use this section to explain additional information not included above)

| Item | Comments |
|------|----------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

ATTACHMENT L-C

FORM C3 - PAST PERFORMANCE INTERVIEW/QUESTIONNAIRE (Continued)

This form letter is provided for Offerors to use in transmitting the Past Performance questionnaire to customers

PAST PERFORMANCE FORM LETTER EXAMPLE

Solicitation Name & RFP Number

CLIENT AUTHORIZATION LETTER: FORMAT

[Date of Letter]

[Name and Address of proposed Offeror's customer]

Attention: *[Name and Designation of Customer's Contract Manager or Appropriate Contact]*

Dear *[Contact Name]*:

We are currently responding to the NASA, Marshall Space Flight Center (MSFC) Request for Proposal (RFP) NNM09277065R for Enterprise Applications Service Technologies (EAST). NASA is requesting that clients of entities responding to their solicitation be identified and their participation in the evaluation process requested. In the event you are contacted for information on work we have performed, you are hereby authorized to respond to those inquiries. Your cooperation with this effort is greatly appreciated. Please direct any questions to *[Name and Phone Number of Offeror's Point-of-Contact]*.

We have included our work for your agency as a past performance reference. A Past Performance Questionnaire is enclosed. Please complete Sections II and III of the enclosed evaluation and return the signed, completed document to:

NASA/Marshall Space Flight Center
ATTN: PS31/IS60 - Vann R. Jones
Intergraph Building 600 Annex
296 Cochran Road
Huntsville, AL 35824

Please forward the completed evaluation to NASA at the above address to ensure it is received prior to 12:00 noon, **Central Standard Time on TBD.**

In order to maintain the integrity of this process, please **DO NOT** return the questionnaire to us. Return it to NASA/MSFC at the address listed above.

Sincerely,

[Name of Signer]

[Designation of Signer]

cc:

NASA/Marshall Space Flight Center
ATTN: PS31/IS60 – Vann R. Jones
Intergraph Building 600 Annex
296 Cochran Road
Huntsville, AL 35824

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FORM C4 - SUBCONTRACTING PAST PERFORMANCE TEMPLATE

PRIME CONTRACT NUMBER:

CUSTOMER:

TITLE:

PERIOD OF PERFORMANCE (including base and all options periods if applicable:

| CATEGORIES | NEGOTIATED \$ BASELINES | % GOALS | % ACHIEVED |
|------------|----------------------------|---------|------------|
|------------|----------------------------|---------|------------|

Total Value

Total SB

Total SDB

Total WOSB

Total HUBZone

Total VOSM

Total HBCU/OMI

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FORM C5 - LOST TIME CASE (LTC) RATES MATRIX

| NAICS | Company Name/Contract Name | | Year | Year | Year |
|--|-------------------------------|---|------|------|------|
| | | | 2006 | 2007 | 2008 |
| | | Lost Time Case Rate (LTC) | | | |
| | | Number of cases with days away from work (injury/illness) | | | |
| | | Number of employees | | | |
| | | Number of hours worked | | | |
| | | | | | |
| NAICS | Company Name/Contract Name | | Year | Year | Year |
| | | | 2006 | 2007 | 2008 |
| | | Lost Time Case Rate (LTC) | | | |
| | | Number of cases with days away from work (injury/illness) | | | |
| | | Number of employees | | | |
| | | Number of hours worked | | | |
| | | | | | |
| NAICS | Company Name/Contract Name | | Year | Year | Year |
| | | | 2006 | 2007 | 2008 |
| | | Lost Time Injury Rate (LTC) | | | |
| | | Number of cases with days away from work (injury/illness) | | | |
| | | Number of employees | | | |
| | | Number of hours worked | | | |
| (N X 200,000) / EH = LTC | | | | | |
| N = Total number of cases with days away from work in the year | | | | | |
| EH = Total number of hours worked by all employees in the year | | | | | |
| 200,000 = equivalent of 100 full-time workers working 40 hour weeks 50 weeks per year | | | | | |